



**Office of the  
STATE AUDITOR OF MISSOURI  
P.O. Box 869  
Jefferson City, MO 65102**

NAME \_\_\_\_\_  
(Last) (First) (Middle)

PRESENT ADDRESS \_\_\_\_\_  
(No. and Street) (City) (State) (Zip) (Telephone)

PERMANENT ADDRESS \_\_\_\_\_  
(No. and Street) (City) (State) (Zip) (Telephone)

SOCIAL SECURITY NUMBER \_\_\_\_\_ CITIZEN OF U.S.? \_\_\_\_ YES \_\_\_\_ NO

POSITION APPLIED FOR \_\_\_\_\_ SALARY EXPECTATIONS \_\_\_\_\_

HOW DID YOU LEARN OF THIS POSITION? \_\_\_\_\_

HAVE YOU PREVIOUSLY APPLIED FOR A POSITION WITH THIS OFFICE? \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ YEAR

ARE THERE ANY ACCOMMODATIONS WE NEED TO MAKE FOR YOU?

\_\_\_\_ YES \_\_\_\_ NO IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ IF YES, PLEASE  
EXPLAIN \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT \_\_\_\_\_

NAME AND LOCATION OF HIGH SCHOOL \_\_\_\_\_ YEAR OF GRADUATION \_\_\_\_\_

YEARS ATTENDED \_\_\_\_\_ AREAS OF EDUCATIONAL EMPHASIS \_\_\_\_\_

NAMES AND LOCATIONS OF COLLEGES, UNIVERSITY, OTHER

Name and Location	Dates Attended From To	Course Emphasis	Grade Point Average Major Overall	Year and Type of Degree

PLEASE LIST ANY APPLICABLE SECRETARIAL COURSES YOU HAVE COMPLETED, INCLUDING A BRIEF DESCRIPTION OF  
COURSE CONTENT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE LIST YOUR TYPING PROFICIENCY    SPEED \_\_\_\_\_    ACCURACY \_\_\_\_\_    SOURCE OF TEST \_\_\_\_\_

CAN YOU OPERATE A COMPUTER?    \_\_\_\_\_ YES    \_\_\_\_\_ NO    IF YES, LIST THE COMPUTER SOFTWARE YOU CAN USE. \_\_\_\_\_

CAN YOU USE A CALCULATOR?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

PLEASE LIST ANY OTHER CLERICAL ABILITY YOU POSSESS WHICH YOU FEEL SHOULD BE GIVEN CONSIDERATION IN ANY  
EMPLOYMENT DECISION. \_\_\_\_\_

EMPLOYMENT RECORD

LAST OR PRESENT POSITION	NEXT PREVIOUS POSITION	NEXT PREVIOUS POSITION
Employer	Employer	Employer
Address/Telephone Number	Address/Telephone Number	Address/Telephone Number
Nature of duties	Nature of duties	Nature of duties
Immediate Supervisor	Immediate Supervisor	Immediate Supervisor
Employment dates _____ to _____	Employment dates _____ to _____	Employment dates _____ to _____
Final month salary	Final month salary	Final month salary
Dismissed or asked to resign?  _____ Yes    _____ No	Dismissed or asked to resign?  _____ Yes    _____ No	Dismissed or asked to resign?  _____ Yes    _____ No
Reason for leaving	Reason for leaving	Reason for leaving

HAVE YOU EVER BEEN DISMISSED FROM ANY POSITION?    \_\_\_\_\_ YES    \_\_\_\_\_ NO    IF SO, WHAT ORGANIZATION?

DO YOU HAVE ANY RELATIVES WORKING FOR THE STATE AUDITOR'S OFFICE OR OTHER AREAS OF MISSOURI STATE  
GOVERNMENT?    \_\_\_\_\_ YES    \_\_\_\_\_ NO    IF SO, PLEASE LIST \_\_\_\_\_

REFERENCES: (DO NOT INCLUDE FORMER EMPLOYERS, RELATIVES, OR MORE THAN ONE COLLEGE FACULTY MEMBER)

NAME	MAILING ADDRESS	TELEPHONE NUMBER	TITLE OR OCCUPATION
1.			
2.			
3.			

IN THE SPACE PROVIDED BELOW, PLEASE FEEL FREE TO ADD ANY COMMENTS OR ADDITIONAL BACKGROUND YOU FEEL SHOULD BE CONSIDERED IN ANY EMPLOYMENT DECISION. \_\_\_\_\_

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I HEREBY CERTIFY that all information made on or in connection with this application is true and complete to the best of my knowledge and belief and that I have not knowingly withheld any fact or circumstance. I understand that any misrepresentation or concealment of material fact will be sufficient ground for rejection of this application, or removal from employment. I authorize my previous employers or schools to release to the Missouri State Auditor's Office any information they may have regarding my character or my employment or educational record.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CHECK YOUR APPLICATION! BE SURE YOU HAVE FILLED IT IN COMPLETELY. APPLICATIONS NOT SIGNED WILL NOT BE ACCEPTED.